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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2010

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements.

A	For the 2	010 cale	ndar year, or tax year		Dot	T $30T$, 2010	, and end	ing ,	Jeat.		, 20		
В	Check if a	oplicable:	C Name of organization	Marylo	bus	Soube	can C	sound	<u></u>				ntification n	
	Address cl	hange	Doing Business As			<u> </u>					<u>ე</u>	<u>メー</u>	<u>2149</u>	<u> </u>
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Η			City of town, state or co	ountry, and ZIP	+ 4								4 11 1	
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片	Amended		F Name and address of			(1000			144					No
Ш	Application	n pending	F Name and address of	principal office	١.				1 -	a) Isthesa				_+-~~
					-					b) Are all				s ∐ No
<u> </u>	Тах-ехет	ot status:	501(c)(3)	501(c) (<u>5) 🔻 </u>	(insert no.)	4947(a)(1) (or 527					e Instruction	15)
J	Website:	.						5 <u>B</u>	H(c) Group				A4 7
K	Form of org	ganization:	Corporation Trust	Associati	on 🔀 Oti	ner ►N on F	CONT TE	Year of for	mation.	1980	M State	of lega	l domicile	Mdl
Р	art I	Summ												
	1 E	Briefly de	scribe the organizati	ion's missio	n or mo	st significa	ınt activitie	s: To	Luna	1 Asa	tien	عار ا	latin	1x
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4			of voting members o	-	_		-				3		13	
8			of independent votin	_	_	_			0)	• •	4		<u> </u>	
₹	1		nber of individuals er			-) (Part V, li	ne 2a)			5		<u> </u>	
₹	6 T	otal nur	nber of volunteers (e	stimate if ne	cessary)					6		0	
•	7a T	otal unr	elated business reve	nue from Pa	rt VIII, c	olumn (C)	, line 12				7a		٥	
	b N	let unrel	ated business taxab	le income fr	om Forn	n 990-T, lii	ne 34 .				7b		λ	
	<u> </u>								Ī	Prior Year	,		Current Ye	ar
_	8 0	Contribut	ions and grants (Par	t VIII. line 1t	۸				Q	69.80	2	4	16 20	18
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Revenue			nt income (Part Vii),						46		49	4	20010	11
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			enue (Part VIII, Icolur								<u> </u>	3		87
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			id similar amounts p						16	394,4	 	<u>⊀</u>	5586	194
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	1		enses. Add lines 13-				-)5\	 	<u> </u>		- 10	916.9	/
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_		evenue	less expenses. Subt	ract line 18	rom line	9 12			(3)		148	<u> 8</u>		35
28 788										ng of Culm		- 21 - 2	End of Yes	
	20 T	otal ass	ets (Part X, line 16)						77 /	532,3	26	<u> </u>	549,71	
		otal liab	lities (Part X, line 26))					E	103:1	8	₩.	89.51	2
¥.5	22 N	let asse	s or fund balances.	Subtract line	21 fror	n line 20	<u> </u>	<u> </u>	4	429.1	95	4 1	160:19	D
Pa	art II	Signat	ure Block				·							
≈ Un	der penaltie	s of perju	y, I declare that I have ex	amined this retu	ım, İnclud	ing accompa	nying schedu	les and star	tements,	and to the	best of n	ny know	ledge and	belief, it is
- tru	e, correct, a	and compl	rte. Declaration of prepare	er (other than of	ijeser) is ba	sed on all inf	ormation of w	hich prepar	rer has an	ıy knowled	ge.	•		
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Ma	y the IRS	discuss	this return with the	preparer sh	own abo	ove? (see i	nstructions	s)					Yes	No No
For	Paperwo	rk Redu	tion Act Notice, see 1	the separate	Instructi	ons.		Cat	No. 1128	32Y				90 (2010)

Form 990	(2010) Md. Joyhean Bd. 52-1214909	Page 2
Part I		· []
	Briefly describe the organization's mission: To collect assassments of distribute the money collected to fund related to Tuternotics of Marloting promotion of smelkeds to inser doublean education of southern to souther research to decrease produ	
	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	[XNo
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	No
4	If "Yes," describe these changes on Schedule O. Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations, the total expenses, and revenue, if any, for each program service reported.	Section itions to
4a	(Code:) (Expenses \$ 474, 345 including grants of \$) (Revenue \$	
	Required by law to Journal one half of a sessments	
	Callesta De the United Toylean Board	
4b	(Code:) (Expenses \$ 136,163 including grants of \$) (Revenue \$	
	of Maryland (*101,909) and Schillinger Gonotics. (630,000	\ 1
4c	(Code:) (Expenses \$ 289852 including grants of \$) (Revenue \$	
	aducation of dayseams of barrous goods & their years uses	
	and communication of Gol activities + programs (Irrough	
	Meres selessos + Neuslettes.	
	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	
<u>4e</u>	Total program service expenses ►5344 (46	20 2010)

Part i	Checklist of nequired schedules		30	
_	The state of the s		Yes	No
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		У
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4_		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		$^{\lambda}$
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi- endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		χ
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		χ
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		χ
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	χ	•
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		
14 a b	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
_	business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		χ
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		
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Part l'	Checklist of Required Schedules (dontinued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.	23		X
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		X
c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		-
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		
b	s the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Χ
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		メ
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):	民等	1000年	
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		XX
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	·	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		ー ソ
35 a	s any related organization a controlled entity within the meaning of section 512(b)(13)?	35		<u>`</u>
36	Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Χ	
		Form	990	(2010)

Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V . Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 2a Statements, filed for the calendar year ending with or within the year covered by this return | 2a 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a 3b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O h At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial 4а If "Yes." enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7c If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . 7f f 7g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? 9a Did the organization make a distribution to a donor, donor advisor, or related person? . . . 9b b Section 501(c)(7) organizations. Enter: 10 Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities ... 10b Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources 11b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . 13 Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. J. 37 Enter the amount of reserves the organization is required to maintain by the states in which 13b 13c Did the organization receive any payments for indoor tanning services during the tax year? 14a 14a

if "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Form 000	(2010) Md Jouhean Bd 52-12149	19	ŧ	Page 6
Part V		elow.		•
I CILL V	"No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change	es in	Sche	dule
	O. See instructions.			
	Check if Schedule O contains a response to any question in this Part VI	<u> </u>	<u></u>	
Sectio	n A. Governing Body and Management			T 81=
_	man and the state of the state	34640V	Yes	No Estate
	Enter the number of voting members of the governing body at the end of the tax year 1a $\frac{13}{3}$ Enter the number of voting members included in line 1a, above, who are independent . 1b $\frac{13}{3}$		製料	
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			1
	any other officer, director, trustee, or key employee?	2	1007200100	X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
	Old the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	 	y
	Did the organization become aware during the year of a significant diversion of the organization's assets?.	5 6		7
	Does the organization have members or stockholders?	-		 _
	of the governing body?	7a		X
	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		ダ
	Did the organization contemporaneously document the meetings held or written actions undertaken during			
•	the year by the following:			
	The governing body?	8a	X	
	Each committee with authority to act on behalf of the governing body?	8b	\perp X \perp	
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
	n B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)	
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		X
	f "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?.	10Ь		
	las the organization provided a copy of this Form 990 to all members of its governing body before filing the	105		
	form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		影響	對望
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give ise to conflicts?	12b	ΙXΙ	
	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120		
	describe in Schedule O how this is done	12c	X	
	Does the organization have a written whistleblower policy?	13		X
	Does the organization have a written document retention and destruction policy?	14	ewe	X
	Did the process for determining compensation of the following persons include a review and approval by ndependent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	333	V
	Other officers or key employees of the organization	15b	-	√
	f "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a	48/13 (**\P40)	<u>X</u>
	f "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
	n C. Disclosure	1.55		
	ist the states with which a copy of this Form 990 is required to be filed ► NONE			
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3) or public inspection. Indicate how you make these available. Check all that apply.	s only	/) avai	ilabl e
	Own website Another's website			
	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict o	f inter	est p	olicy,
	and financial statements available to the public.			
	State the name, physical address, and telephone number of the person who possesses the books and records organization:			
	organization: > Jandra Davis, 22132 Scotland PRWY, Sallsbury, Md. A	100	. .	
		 -	. 000	2040

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

nours for mistand organizations in Schedule organizations in Schedule organizations in Schedule organizations in Schedule organizations in Schedule organizations organiza	W	(B)			(((D)	(E)	(F)
(describe hours for related organizations in Schedule) 1) Abunuary Harrison (Authoritory) 2) Band Authoritory 3) Character 3) Authoritory 3) Character 3) Authoritory 4) Source 3) Authoritory 4) Source 3) Authoritory 4) Source 4) Source 5) Authoritory 6) Source 6) Source 6) Source 7) Hours Source 7) Hours Source 8) Authoritory 9) Source 8) Source 9) S	Name and Title			ion (c		k all 1	hat ap			Reportable	
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1) Channes 1) Danne McDanald 1) Danne Santall 2) Hilland Harrison 2) House Johnson 3) House Johnson 4) The Johnson 4) The Johnson 6) The Johnson 7) The Johnson 7) The Johnson 8) The Johnson 9) The Johnson 9) The Johnson 9) The Johnson 9) The Johnson 10) The Johnson 11) The Johnson 12) The Johnson 12) The Johnson 13) The Johnson 14) The Johnson 15) The Johnson 16) The Johnson 16) The Johnson 17) The Johnson 17) The Johnson 18) The Johnson 18) The Johnson 18) The Johnson 19) The Johnson 19) The Johnson 19) The Johnson 19) The Johnson 10) The Johnson 11) The Johnson 12) The Johnson 13) The Johnson 14) The Johnson 15) The Johnson 16) T	(1) Yerymond Harrison	-									
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Part	Section A. Officers, Directors, Trus		Empk	уеє			Higne	81			COIILI	nueuj	(5)
	(A) Name and title	(B) Average hours per	Posit	on (c	_	-	hat app		(D) Reportable compensation	(E) Reportati compensation			(F) timated count of
		week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizati (W-2/1099-I	ons	com fr orga	other pensation om the anization i related unizations
(17)		<u> </u>											
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(27)													
(28)													
1b c	Sub-total			•	•	• •	•	>					
<u>d</u>	Total (add lines 1b and 1c) Total number of individuals (including bu	t not limited				· ·	above	<u>></u>	the received m	ore than \$1	00.00	()	<u> </u>
	reportable compensation from the organ			1036	1131		above	, w		OI OI OI OI			T
3	Did the organization list any former or employee on line 1a? If "Yes," complete								oloyee, or high	est compe	ensate	nd <u>" , </u>	Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of re	portal	ble (con	npe	nsatio	n a				ю 🚟	
5	Did any person listed on line 1a receive of for services rendered to the organization									zation or in	dividu		To go
Sectio	B. Independent Contractors												
1	Complete this table for your five highest compensation from the organization.	compensat	ed ind	qeb	end	ent	contr	act	ors that receive	ed more tha	an \$10	00,000 c	ıf
	(A) Name and business add	tress							(B) Description of s	ervices		(C) Comper	
						_		_					
											<u> </u>		
2	Total number of independent contractor received more than \$100,000 in compens							th	nose listed abo	ove) who	18 4 7		
											<u> </u>	For	m 990 (2010

Md Joybean Bd 52-1214909 Page 9

Part	VIII	Statement of Revenue				
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
2 2	1a	Federated campaigns 1a	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		The state of the s	
Contributions, gifts, grants and other similar amounts	b	Membership dues 1b				
æ €	C	Fundraising events 1c				
# 2	d	Related organizations 1d		1900 19 17 19 19 19	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
8.5	e	Government grants (contributions) 1e 74,39%				
8 8	f	All other contributions, gifts, grants,	自治學 整点的	And the second	The state of the s	
F ST		and similar amounts not included above 1f			10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
풀걸	g	Noncash contributions included in lines 1a-1f: \$	The state of the s		3 4 - 10 th 10 24	
ਲੇ ਛੇ	h	Total. Add lines 1a-1f	\$66,393			TO THE SALE SERVE
	 	Business Code	The state of the state of the	墨西北湖村		公里的
8	2a	Assessment 3 First Purchase 900099	\$751.041	3751,741	and a same attended to the same of	
<u>\$</u>		Assessments Francher And 900099	4113,906	\$ 113,906		
Program Service Revenue	2	UNISTIMENTO TITULO TREITING TOOLIT	<u> </u>	110,100		
ايخ	d					
ဖွဲ့	e					
屋	f	All other program service revenue .				· · · · · · · · · · · · · · · · · · ·
§	'	Total. Add lines 2a–2f	6865,642	The Very to the long.	1 1 1 1 1 1 1 1 1 1 1 1 1	San Ken marker Track Back
	3	Investment income (including dividends, interest,	4063647	1 V 22 NOV 12	2117 1 7 7	1
		and other similar amounts)	\$au_	\$211		
	4	Income from investment of tax-exempt bond proceeds ▶		- 61		
	5	Royalties				
	"	(i) Real (ii) Personal	Mary Mary Mary			一門子の一門でなから
	6a	Gross Rents	13. 14. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15			
	b	Less: rental expenses		17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	5 - 100 M 1 20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
		Rental income or (loss)				
	d	Net rental income or (loss)	Land Later Commission and	- المشاكلة الماء المقطر الما	المناه مناه من المناه ا	المنافذة الم
	7a	Gross amount from sales of (i) Securities (ii) Other	Plane of the first of the	- 1 to 1 to 1 to 1 to 1 to 1 to 1 to 1 t	SS 34 1 7157	Committee of the second
	"	assets other than inventory				
	b	Less; cost or other basis		Park Form		
	-	and sales expenses .				
	c	Gain or (loss)		357.		
	d	Net gain or (loss)	المعادة المدادة المالة	1 34 - 2 3 3 - 2	His Time I a the think	The Labour Contract of the Con
	"	Thougain or thoso,	(- 8' - 5 4 - 1 - 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
9	8a	Gross income from fundraising	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The state of the s		经验证证
evenue		events (not including \$				
<u> </u>	<u> </u>	of contributions reported on line 1c).		化自然的证法		
<u> </u>		See Part IV, line 18 a	70 2 4 2 36 75	W The state of the		
Other	Ь	Less: direct expenses b	1 19 (1/4)	13 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 Page 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
0	C	Net income or (loss) from fundraising events . ▶	20 3 - 4 - 60		(bright : 2 store x coversor of	Saleta Soll Frank and the Solution and William to Company
	9a	Gross income from gaming activities.	mark the first	1700 x ("" " " " " " " " " " " " " " " " " "		14.000000000000000000000000000000000000
		See Part IV, line 19 a		30 July 2	国际特别的	LINE SECTION
	Ь	Less: direct expenses b				The Table of the second
	С	Net income or (loss) from gaming activities ▶				
	10a	•••				
		returns and allowances a		经正常证明	CATE TO SEE SEE	
	b	Less: cost of goods sold b			San San San San San San San San San San	TELESCE W
	С	Net income or (loss) from sales of inventory	 	 	<mark> </mark>	No. 1, 8, 7, 7, 9, 70, 124, 79, 5791
		Miscellaneous Revenue Business Code		an in	1 4 6 6 6 1	Carle Service
	11a	Misc Income 900099	\$17,834	517834	<u>\$7834</u>	
	b					
	C	040	4 11 22 20	60 450	40.000	<u> </u>
	d	All other revenue 9000 99	\$7,853	57,853	47477	Control of the last
	e	Total. Add lines 11a-11d	\$15,647	4201012		Same divine in the court of the first
	12	Total revenue. See instructions	5947,943	\$881245		Form 990 (2010)
						rom 334 (2010)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

75, 88, 96, and 10b of Part VIII. Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21. Grants and other assistance to individuals in the U.S. See Part IV, line 22. Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, line 15 and 16. Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees. Compensation not included above, to disqualified persons (as defined under section 4958(6)(3)(8). Other salaries and wage. Persion plan contributions (include section 4010), and section 4959(6)(3)(8). Other explains and promotion. Other explains and promotion. Payroll taxes. Fees for services (non-employees): All All All All All All All All All Al		All outer organizations must complete of	Diditilit (74) Dat alle 110	troquirou to dompio	10 001411110 (12); (0);	
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Payroll taxes . Payroll taxes Passon Services (non-employees):	_	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1				
## Fees for services (non-employees): ## Management Legal		· •				
a Management b Legal . Accounting d Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other 2 Advertising and promotion 12 Office expenses 13 Office expenses 14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 11 Payments to affiliates 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.) a Education, Troval, Commutual cat in gradular and the control of the control		1 -				
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15 Royalties	13	Office expenses	42.338		62.338	
16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 19 Interest 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 19 Insurance 20 Insurance 21 Insurance 22 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.) 23 Insurance 24 Other expenses on Schedule O.) 25 Insurance Itemize expenses on Schedule O.) 26 Insurance Itemize expenses on Schedule O.) 27 Insurance Itemize expenses on Schedule O.) 28 Insurance Itemize expenses on Schedule O.) 29 Insurance Itemize expenses on Schedule O.) 29 Insurance Itemize expenses on Schedule O.) 20 Insurance Itemize expenses on Schedule O.) 21 Insurance Itemize expenses on Schedule O.) 22 Insurance Itemize expenses on Schedule O.) 29 Insurance Itemize expenses on Schedule O.) 20 Insurance Itemize expenses on Schedule O.) 20 Insurance Itemize expenses on Schedule O.) 21 Insurance Itemize expenses on Schedule O.) 22 Insurance Itemize expenses on Schedule O.) 23 Insurance Itemize expenses on Schedule O.) 24 Insurance Itemize expenses on Schedule O.) 25 Insurance Itemize expenses on Schedule O.) 26 Insurance Itemize expenses on Schedule O.) 27 Insurance Itemize expenses on Schedule O.) 28 Insurance Itemize expenses on Schedule O.) 29 Insurance Itemize expenses on Schedule O.) 20 Insurance Itemize expenses on Schedule O.) 20 Insurance Itemize expenses on Schedule O.) 21 Insurance Itemize expenses on Schedule O.) 22 Insurance Itemize expenses on Schedule O.) 23 Insurance Itemize expenses on Schedule O.) 24 Insurance Itemize expenses on Schedule O.) 25 Insurance Itemize expenses on Schedule O.) 26 Insurance Itemize expenses on Schedule O.) 27 Insurance Itemize expenses on Schedule O.) 28 Insurance Itemize expenses on Schedule O.) 29 Insurance Itemize expenses on I	14				•	
Travel	15	Royalties				
Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings linterest	16	Occupancy	\$1.450		£2,400	
for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O. A a Sucation, Itomo Communication All other expenses Total functional expenses. Add lines 1 through 24f Joint costs. Check here If following sorp 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational	17		#1.849		# 1449	
19 Conferences, conventions, and meetings Interest 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization Insurance 23 Insurance 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0.) 25 Education, Insurance 26 Table Leet Service 339,353 41,643 41,643 51,64	18					
Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.) 25 Education, Town, Communication 26 Line 27 Line 28 Light Communication 27 Line 28 Light Communication 28 John Sand Sand Sand Sand Sand Sand Sand San		for any federal, state, or local public officials				
Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.) 25 Education, Town, Communication 26 Line 27 Line 28 Light Communication 27 Line 28 Light Communication 28 John Sand Sand Sand Sand Sand Sand Sand San	19	Conferences, conventions, and meetings .	# 4,431		9 4,431	
Depreciation, depletion, and amortization Insurance Insu	20	Interest				
Insurance	21	Payments to affiliates				
Insurance	22	Depreciation, depletion, and amortization .	± 369		\$309	
above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.) a Education, from Communication b Deuroll Proflandian	23	Insurance	53.061		\$3.06	
Ine 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.) a Education, france, Communication b Deuroll Professor C Index wet Service. f All other expenses Total functional expenses. Add lines 1 through 24f 25 Joint costs. Check here Diff following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational	24	Other expenses. Itemize expenses not covered	新生活的基础	WASHING THE		"新"、"学业企业"
A) amount, list line 24f expenses on Schedule O.) a Education, france, Communication b Deurcli Preferrition c Index wet Service. f All other expenses Total functional expenses. Add lines 1 through 24f 26 Joint costs. Check here Diff following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational		above (List miscellaneous expenses in line 24f. If				
a Education, Franco, Communication b Deuroll Proportion c Internet Service f All other expenses Total functional expenses. Add lines 1 through 24f 26 Joint costs. Check here Diff following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational						
b Deurall Profession \$1,648 \$1,648 c Index.uet Jeruice \$2,187 e f All other expenses 25 Total functional expenses. Add lines 1 through 24f 26 Joint costs. Check here > if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational		(A) amount, list line 24f expenses on Schedule O.)				
b Deurall Profession \$1,648 \$1,648 c Index.uet Jeruice \$2,187 e f All other expenses 25 Total functional expenses. Add lines 1 through 24f 26 Joint costs. Check here > if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational	а	Education Home Communication	\$289,852	4789.853		
c Index.uet Service. \$ 3,187 e f All other expenses 25 Total functional expenses. Add lines 1 through 24f 26 Joint costs. Check here ▶ if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational	b		\$ 1,648		\$1.648	
e f All other expenses 25 Total functional expenses. Add lines 1 through 24f 26 Joint costs. Check here ▶ if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational	C		1 a. 185		52,187	
f All other expenses 25 Total functional expenses. Add lines 1 through 24f 26 Joint costs. Check here ▶ if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational	d					
25 Total functional expenses. Add lines 1 through 24f 26 Joint costs. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational	0					
Joint costs. Check here ▶☐ if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational	f					
Joint costs. Check here ▶☐ if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational	25_	Total functional expenses. Add lines 1 through 24f				
SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational	26	Joint costs. Check here ▶ ☐ if following				
(B) joint costs from a combined educational 1 1 1 1		SOP 98-2 (ASC 958-720). Complete this line	4011 014	Sous III.	\$19 4NA	
campaign and fundraising solicitation		(B) joint costs from a combined educational	146 J.d. 0	~242,140	-601000	
		campaign and fundraising solicitation		<u> </u>		

	990 (20 art X			, ,	[4]0] ings.:
است			(A) Beginning of year		(B) End of year
				_	Elid Oi year
- 1	1	Cash—non-interest-bearing	@ 100	1	6 510 110
	2	Savings and temporary cash investments	\$ 497,980	2	5519,049
	3	Pledges and grants receivable, net	400 -57	3	- A 100
- [4	Accounts receivable, net	\$33,556	4	\$ 30.172
	5	Receivables from current and former officers, directors, trustees, key		15 Å	
- 1		employees, and highest compensated employees. Complete Part II of	المستحدث فكما أستست	نتيت	
	-	Schedule L	a delay year of an one out do	5	Without A. Cold Res Cold Market
	6	Receivables from other disqualified persons (as defined under section			
- 1	ì	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
- 1		employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)	- 1 - 3 Maria	سينت أ	
Assets		• •	<u> </u>	6	
88	7	Notes and loans receivable, net		7 8	
•	8	Inventories for sale or use		9	<u> </u>
- 1	9	Prepaid expenses and deferred charges	Fine 12	30.55	1 82 170 80 h 4-47 ha 7000
i	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		- 11	
	1	<u> </u>	3400	10c	6491
- 1	11	Less: accumulated depreciation	3900	11	W 471
ſ	12	Investments—publicly traded securities		12	
	13	Investments—program-related. See Part IV, line 11		13	
- 1	14	Intangible assets		14	
1	15	Other assets. See Part IV, line 11		15	
1	16	Total assets. Add lines 1 through 15 (must equal line 34)	5534,376	16	3549 112
	17	Accounts payable and accrued expenses	\$ 34.159	17	\$ 63 7/2
	18	Grants payable	\$ 69,022	18	\$ 25,855
	19	Deferred revenue	U I I I I I I I I I I I I I I I I I I I	19	
- 1	20	Tax-exempt bond liabilities		20	
ايو	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key		1 4	A TO WELL THE
펿		employees, highest compensated employees, and disqualified persons.		14.	
=		Complete Part II of Schedule L		22	
- 1	23	Secured mortgages and notes payable to unrelated third parties		23	
- 1	24	Unsecured notes and loans payable to unrelated third parties		24	
1	25	Other liabilities. Complete Part X of Schedule D		25	
\rightarrow	26	Total liabilities. Add lines 17 through 25	\$103.181	26	489,522
9	1	Organizations that follow SFAS 117, check here ▶ ☐ and complete		50 55 1 1 C 21 4 5	
<u> ဗို</u>		lines 27 through 29, and lines 33 and 34.		مستسد	
ä	27	Unrestricted net assets	32 404, 195	27	5460,190
<u>m</u>	28 29	Temporarily restricted net assets	ļ	28	
Ĕ	29	Permanently restricted net assets	The state of the state of the	29	TO COLUMN COLUMN
E		complete lines 30 through 34.	对于自己的关系		
Net Assets or Fund Balance	30	Capital stock or trust principal, or current funds	15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	30	1.375 2 - 1 T 1 T 6 C 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
86	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Asi	32	Retained earnings, endowment, accumulated income, or other funds.		32	
انيد	33	Total net assets or fund balances	\$429.195	33	£46,190
<u>.</u>					<u> </u>
2	34	Total liabilities and net assets/fund balances	# K20 376	34	5549 712

•	AA 1 / 1 D 1 1-2 101	
Form 990	The state of the s	4909 Page 12
Part	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI	
	Office if Concedit Contains a response to any question in time refer to the contains a response to any question in time refer to the contains a response to any question in time refer to the contains a response to any question in time refer to the contains a response to any question in time refer to the contains a response to any question in time refer to the contains a response to any question in time refer to the contains a response to any question in time refer to the contains a response to any question in time refer to the contains a response to any question in time refer to the contains a refer to the contains a response to any question in time refer to the contains a refer to the contains	· · · · · ·
1	Total revenue (must equal Part VIII, column (A), line 12)	\$947,943
2		8916,948
3	Revenue less expenses. Subtract line 2 from line 1	\$ 30 995
4		5429:195
5	Other changes in net assets or fund balances (explain in Schedule O)	
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,	61111100
	column (B))	- 460,14D
Part	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII	👝
		Yes No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other the organization changed its method of accounting from a prior year or checked "Other," explain in schedule O.	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a X
	Were the organization's financial statements audited by an independent accountant?	2b 🗙
	"Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c ×
	f the organization changed either its oversight process or selection process during the tax year, explain in schedule O.	
	"Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were ssued on a separate basis, consolidated basis, or both:	
	Separate basis 🔲 Consolidated basis 🔲 Both consolidated and separate basis	
	s a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a ×
	f "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	38 3
	equired audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3ь
		Form 990 (2010)

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions. 20**10**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the orga
Part IV, ii

lame o	the organization		Employer	dentific	ation number	•
N	laryland Joybean	Board	1 5a	L - 1	214909	
Par	Organizations Maintaining Donor	Advised Funds or Other Similar Fu	nds or A	ccour	rts. Complete	if the
	organization answered "Yes" to Fo				•	
		(a) Donor advised funds	(b)) Funds a	and other accounts	· · · · · · · · · · · · · · · · · · ·
1	Total number at end of year					
2	Aggregate contributions to (during year) .					
3	Aggregate grants from (during year)				··	
4	Aggregate value at end of year					
5	Did the organization inform all donors and o	lonor advisors in writing that the assets	held in do	onor ac	lvised	
•	funds are the organization's property, subject	to the organization's exclusive legal cont	rol?		. TVes	☐ No
6	Did the organization inform all grantees, don					
0	only for charitable purposes and not for the	benefit of the donor or donor edvisor, or	for any of	ther nu	mose	
	conferring impermissible private benefit? .		ioi dily oi	pu		□ No
Part		ete if the organization answered "Yes"	to Form	agn I		L 140
	Purpose(s) of conservation easements held b		to i oiiii	330, 1	arriv, mie 7.	
1			of an histo	adoolly.	Important land	araa
	Preservation of land for public use (e.g., re	Preservation			important land	ai c a
	Protection of natural habitat	Preservation	or a cerum	ou msu	one structure	
•	 Preservation of open space Complete lines 2a through 2d if the organization 	on hold a qualified concentration contribut	ion in the	form of	a conseniation	,
2	easement on the last day of the tax year.	on neid a quaimed conservation contribut		ioiiii oi	a Conservation	
	basement on the last day of the tax year.		£4.	309 Hal	d at the End of the	Tay Voor
_	Total and to a factor with a second		7.4	Chart.	d at the that of the	
a	Total number of conservation easements .			2a		
b	Total acreage restricted by conservation ease			2b		
C	Number of conservation easements on a cert			2c		
d	Number of conservation easements include		I			
_	historic structure listed in the National Register			2d		
3	Number of conservation easements modified, tax year ►	, transferred, released, extinguished, or te	minated t	зу тнө с	organization dur	ing the
4		announties assessed in landard in				
4 5	Number of states where property subject to c			bood!	af	
5	Does the organization have a written policy violations, and enforcement of the conservations		spection,	nandiii	_	
•	· ·		· · ·	 استام مفت		∐ No
6	Staff and volunteer hours devoted to monitori	ng, inspecting, and enforcing conservation	n easemei	nts dun	ing the year	
-						
7	Amount of expenses incurred in monitoring, in \$	aspecting, and enforcing conservation eas	sements a	unng tr	ie year	
		un line 2(d) about estick, the requirements	of postion	170/b	\(A\\D\	
8	Does each conservation easement reported of (i) and section 170(h)(4)(B)(ii)?		O Secuor	1 170(11)	· · · · · · —	
_	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			· · ·	☐ Yes	□ No
9	In Part XIV, describe how the organization rep				-	a tha
	balance sheet, and include, if applicable, the organization's accounting for conservation ea	_	ilianciai su	atel Heri	its that describe	25 U 1 0
Part	1	tions of Art, Historical Treasures, o	r Othor S	Simila	· Acceto	·
ган		ered "Yes" to Form 990, Part IV, line 8.		milliai	Assets.	
1a	f the organization elected, as permitted under			ototon	and bolone	o oboot
Id	works of art, historical treasures, or other si					
	public service, provide, in Part XIV, the text of					ance of
	If the organization elected, as permitted und					
b	works of art, historical treasures, or other si					
	public service, provide the following amounts		raucation,	UI 1686		a10 0 01
	1	=			¢	
	(i) Revenues included in Form 990, Part VIII, I	in u i		. 🟲	p	
_	(ii) Assets included in Form 990, Part X	f out bistoriaal transcripts on attack their		, ▶ (mu #==:	a	dala de
2	If the organization received or held works of following amounts required to be reported un-			or tina	nciai gain, prov	ent epiv
	, ,	· · · · · · · · · · · · · · · · · · ·			•	
a	Revenues included in Form 990, Part VIII, line					
b	Assets included in Form 990, Part X	<u> </u>		<u>. ►</u>	\$	

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	D (Form 990) 2010	A) C) (Ou	bear		Croonings	C+				
Part	Organizations Maintaining Using the organization's acquisition,	Coll	ections of	Art, HIS	concar i	reasures	o follow	when that a	re e sic	pificant us	e of its
3	using the organization's acquisition, collection items (check all that apply)	acces	ssion, and o	mer reco					io a sig	IIIIQZIIC GG	10 OI 110
a	☐ Public exhibition			ď	Loa	an or excha	nge pro	grams			
b	Scholarly research			0	☐ Oth	ner					
C	Preservation for future generation	ons									
	Provide a description of the organiza	ation's	collections	and expia	ain how t	hey further	the org	ganization's	exemi	ot purpose	in Part
	XIV.										
5	During the year, did the organization assets to be sold to raise funds rathe	r than	to be mainte	ained as p	part of the	e organizat	ion's co	ollection?		☐ Yes	
Part	line 9, or reported an amou	nt on	Form 990,	Part X, li	ne 21.						art IV,
18	Is the organization an agent, trusted included on Form 990, Part X?	e, cust	todian or oth	ner Intern	nediary fo				ets not	☐ Yes	□ No
ь	If "Yes," explain the arrangement in F										_
	in 165, Explain the arrangement in 1	L I. 70	, care comp.						Am	ount	
c	Beginning balance						10	;			
	Additions during the year						10				
	Distributions during the year						16	•			
	Ending balance						11				
	Did the organization include an amou						. —			☐ Yes	☐ No
	If "Yes," explain the arrangement in I	art XI	V.								
Part	V Endowment Funds. Comp	lete if	the organiz	zation ar	swered	"Yes" to	Form 9	90, Part IV	/, line	10.	
		(a)	Current year	(b) Pri	or year	(c) Two yea	ırs back				
1a	Beginning of year balance							Tal ?			阿佛斯
ь	Contributions							10 17 20	3 77	137	ومند سي الأواد
C	Net investment earnings, gains, and							, " () () () () () () () () () (No. 7 PT 11 No. 7 PT		
	losses							k 27 653	**:	The same and	4.7.3.4.7
d	Grants or scholarships							がなる。	alum	でが関係して	神物道
0	Other expenditures for facilities and										
	programs							4 6 4	₹ <u>.</u>		5. 5.
f	Administrative expenses							7 × -> ->	3, 20		
g	End of year balance			L				(10) 1 S	م الإراضية المؤد	"我是你	44
2	Provide the estimated percentage of		ear end balan	ice held a	ıs:						
a	Board designated or quasi-endowme			%							
	Permanent endowment ▶	, %	•								
C	Term endowment ► 9 Are there endowment funds not in the	-	acceion of th	na armani	rotion th	at ara bald	and ad	ministered	for the		
3a	organization by:	ie pos	isession of t	ie organi	zauon un	at are neio	and ad	ministered	ior trie	Ye	s No
	(i) unrelated organizations									3a(i)	
	(ii) related organizations									3a(ii)	
_	If "Yes" to 3a(ii), are the related organ									3b	Ш
4	Describe in Part XIV the Intended use										
Part		pmen						·			
	Description of investment		(a) Cost or of (Investm			or other basis other)	, ,,	Accumulated epreciation		(d) Book va	ilue
1a	Land						**************************************	建松沙	ý. Š		
b	Buildings										
C	Leasehold improvements	•					ļ <u>,</u>	<u> </u>			
đ	Equipment	•			53.	594	5)	<u> 31 03 </u>	\perp	5441	
	Other	•	<u> </u>	00 5	ļ <u>'</u>	(m)	<u> </u>		\perp		
Total.	Add lines 1a through 1e. (Column (d)	must e	equal Form 9	90, Part)	, columr	n (B), line 10	U(c).)	<u></u>)	<u> </u>	5491	

Md.	Loube	an Bd

I GIL	All Infedications Outles Coourses	1 000 1 01111 000, 1 41174,	7
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Fina	ncial derivatives		
	sely-held equity interests		
(3) Oth			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
(1)			
Total. (C	olumn (b) must equal Form 990, Part X, col. (B) line 12.) ▶		一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个
Part \	VIII Investments - Program Related	J. See Form 990, Part X	K, line 13.
	(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)			
(2)			
(3)	,		
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
	iumn (b) must equal Form 990, Part X, col. (B) line 13.)		
Part			
	(E	a) Description	(b) Book value
_(1)		· · · · · · · · · · · · · · · · · · ·	
(2)			
(3)			
(4)			
_(5)			
(6)			
_(7)		. == ===,	
_(8)			
(9)			
(10)			
	Column (b) must equal Form 990, Part X, co		<u></u> >
Part 1.	X Other Liabilities. See Form 990, (a) Description of liability	Part X, line 25.	PROPERTY I SELECTION OF THE CONTROL OF THE CONTROL OF THE SELECTION OF THE
	deral income taxes	(b) Amount	
(2)	Jerai income taxes		
(3)			
(4)			
(5)			
(6)			
(7)	 		
(8)			
(9)		··· · · · · · · · · · · · · · · · · ·	
(10)		 	
(11)	huma (h) must asset Form 2001 Plant V and 101 ton 201 h		
2 EINI	turnn (b) must equal Form 990, Part X, col. (B) line 25.)	the text of the features to	the organization's financial statements that reports the
omenia	etion's liability for uncertain tax positions u	ulo (6)(Ulu (100(110(8) (0) der FIN 48 (890 740)	ure organization s imancial statements that reports the
ال الحاق ، ح	was a manus for anopitall ray hosinglig at	140).	

Schedule	D (Form 990) 2010 Md Jouhen Bd	52-1	212	1909	Page 4
Part		inancial Statem	ents	· · · · · · · · · · · · · · · · · · ·	
	Total revenue (Form 990, Part VIII, column (A), line 12)		1	8947	943
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	6011	044
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3	6 31	005
4	Net unrealized gains (losses) on investments	7	4	<u> </u>	113
5	Donated services and use of facilities	, and the second second second second second second second second second second second second second second se	5		
5 6	Investment expenses	h	6		
7	Prior period adjustments		7		
8	Other (Describe in Part XIV.)		8		
9	Total adjustments (net). Add lines 4 through 8		9		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 ar	nd 9	10	6 30.	09K
Part		h Revenue per		m a	11~
1	Total revenue, gains, and other support per audited financial statements		1	\$ 521	KKZI
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		\$-4A.W	A 2001	212
a	Net unrealized gains on investments		学/5 例		
b	Donated services and use of facilities	·····			
C	Recoveries of prior year grants				
_	Other (Describe in Part XIV.)				
d e	Add lines 2a through 2d		2e	4 571	KKU
3	Subtract line 2e from line 1		3	1 3 d	1528
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		300		
-	Investment expenses not included on Form 990, Part VIII, line 7b 4a				
a b		426.385			
C	Add lines 4a and 4b		4c	440	L 285
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	404	N OUT
Part				um	7,17 <u>-</u>
	Total expenses and losses per audited financial statements		1	6490	5/2
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		19/2/2014	# TIU,	1 2
- а	Donated services and use of facilities				
b	Prior year adjustments				
c	Other losses				
ď	Other (Describe in Part XIV.)				
	Add lines 2a through 2d		2e		
	Subtract line 2e from line 1		3	549D	K12
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			- 110	~~
-	Investment expenses not included on Form 990, Part VIII, line 7b 4a				
b		1426,385			
c	Add lines 4a and 4b	- 1801202	46	8 41	L 395
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	K 916	שלט
Part 2				*7 116	4173
_	ete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III	lines 1a and 4: I	Part IV.	lines 1b and	1.2b:
	line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d a				
	ditional information.			-	
\wedge	^ ^				
Pa	et XII Sine 4.B Other - assessments P	outton to	< 1 9 -	7 0.	
		emingen kan kan kan kan kan kan kan kan kan ka	7KII	<u> </u>	
	United Soulean Board 5426, 385				
7	N TOT D = 11 O d to A	-, h .	······	/^	
Pau	& XIII Line 4. B Stree - assessments	Sometted	h to	tte.	
	United Tylean Doard \$426,385				

	Go	vernments,	and Individ	and Individuals in the United State	Governments, and Individuals in the United States	8	2010
Department of the Treasury Internal Revenue Service	3	mplete if the organi	zation answered "Yes" to Fo ▶Attach to Form 990.	Yes" to Form 990, Form 990.	Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.		Open to Public Inspection
Name of the organization	70	Souhoon	Thrown	-		Employe	Employer identification number スユー iユ ロロイタ
Part I General Information on Grants and Assistance	n on Grants and	Assistance					
Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	ain records to substants or	tantiate the amoun	t of the grants or	assistance, the g	rantees' eligibility fo	or the grants or assistance	e, and
Describe in Part IV the organization's procedures for monitoring	nization's procedure	s for monitoring th	e use of grant fur	the use of grant funds in the United States.	States.	•	
Part II Grants and Other Assistance to Governments and Form 990, Part IV, line 21, for any recipient that rece can be duplicated if additional space is needed.	esistance to Gov ne 21, for any reci additional space i	remments and C pient that receive s needed	Organizations i	n the United Si ,000. Check thi	ates. Complete is box if no one re	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed.	wered "Yes" to than \$5,000. Part II
1 (a) Name and address of organization or government	(G) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) United Soupeau Bd	43-1592277		\$426,3845				WHE Personal Educates
(2) law versity as Md	£00007-25		8161,909				Resonate properto
(3) John (Janotica	42-1484452		\$30,000				Rewareh Surietz
(4)				-			-
(9)							
(9)							
<u>a</u>							
(8)							
(6)				:			
(0)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government organizations 3 Enter total number of other organizations	n 501(c)(3) and gove	emment organization	suc				cor'
L	Gilliam man						

m 980) (2010) Md Joy be due Bd . Bd . Grants and Other Assistance to findividuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part-III-can-be-duplicated if additional space-is-needed: Schedule I (Form 990) (2010) Part III

	Topoli or condo.				
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
9					
7					
Part IV Supplemental Information. Complete this part	te this part to pro	wide the information	n required in Part I,	to provide the information required in Part I, line 2, and any other additional information.	litional information.
Schedule I, Part I Line 2 . Unit	United	16ylvan	Board - Wo	alucatura	ted Laylean Board - The are negatived by Jederal low-
(1990 they bill day bean	hear Ar	ascal y an	roll-Har	to send 12	of oul collected
assessments by the	\leq	hey are de	alited year	s by and closes	Di Turnitared
Du USDA		9)	0	0
0					

of the Wed Golfren Bd & Biretha) and a Shimal written procedure consisting by a Bessench (budit Committee, (comprised of moundance Reported grouts - less have a year all audit procedure in place

Schedule I (Form 990) (2010)

SCHEDULE O (Form 990 or 990-EZ)

Name of the organization

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2010

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Brand

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

M.	aryland Soybean Board 52-1214909
F01	m.990, Part.I, Itam.K, Other Organization Type: QSSB
	Qualified State Soybean Board
Foi	rm 990, Part I, Line 1, Description of Organization Mission:
	Expansion of US Soybean Market and Soybean Research
Foi	m 990, Part VI, Section B, Line 11: Form 990 is prsented to the
	Treasurer for review & signature. Copy is supplied at Board Meetin
	for Director review.
For	m 990, Part VI, Section B, Line 12C: During each August Board Meeting
	(befoe the beginning of the new fiscal year), each Director signs a
	new Conflict of Interest Policy Sheet. IF a vote is required where
	conflict of interest occurs, the Director(s) recuse themselves from
	the vote. This is noted in Minutes of meetings. If a new Conflict
	of Interest arises during the year, the Director informs the Board
	and signs a new Conflict of Interest statement.
Fo	m 990, Part VI, Section C. Line 19: Governing documents, Conflict
	of Interest Statements & Financial Statements are made available
	upon request. Annual fiscal year financial statement is provided as
	a part of our Annual Report which is mailed to our farmer mailing list
	and is available at various meetings & events.
Fo	rm 990, Part XI, Line 2c: This process has not chnaged from Prior
	years .